

APPLICATION FOR RED LIGHT FOR SEARCH & RESCUE

Date: _____

I, _____
(print name and address of applicant)

hereby apply for a Red Light Permit for the following vehicle:

N.J. Driver License Number _____

Name and of Registered Owner/Lessee _____

Street Address _____

City, County, State, Zip _____

Vehicle Make, Model, Year _____

Registration Plate Number _____ VIN _____

Describe use of vehicle _____

Applicant's Signature _____ Title _____

Organization _____ Corp Code _____

THIS SECTION TO BE COMPLETED BY THE COUNTY EMERGENCY MANAGEMENT COORDINATORI, _____, the County Emergency Management Coordinator of
_____ County, affix my signature of approval of the above applicant to be
granted a permit for the use of a red light on the vehicle described above._____
County Emergency Management Coordinator's Signature**THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF THE STATE OFFICE OF EMERGENCY MANAGEMENT**I affix my signature in agreement to the approval by the County Emergency Management Coordinator of the permit for
the use of a red light on the vehicle described above._____
Director, State Office of Emergency Management**ATTACH THE FOLLOWING:** A copy of the registration of the vehicle described above; if the vehicle is leased, a copy of the
lease agreement/contract.

